

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34994**
Registrar's No. **563**

FILED OCT 26 1943

Registration District No. **156**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jasper**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **2206 Bird Avenue**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether)
In this community **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war **1**

3. (c) Social Security No. **1**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Widowed** 6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **Sept 5, 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **0** If less than one day **hr. min.**

9. Birthplace **Missouri** (City, town, or county) **Kennett** (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Pharmacy**

12. Name **Pharmacy**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Widowed**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Dorothy James**

(b) Address **2206 Bird Avenue**

17. (a) **Burial** (b) Date thereof **Oct 8, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Memorial Park**

18. (a) Signature of funeral director **Walt City**

(b) Address **Walt City**

19. (a) **10-8-43** (b) **Arthur Sudbutter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")
(d) Street No. **2206 Bird** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **5** year **1943** hour **11:50** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 5** to **Oct 5**, 19**43**, that I last saw him alive on **Oct 5**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to **Arteriosclerosis**

Other conditions **g3a**
(Include pregnancy within 3 months of death)

Major findings: Of operations **g3a**
Of autopsy **g3a**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury
23. Signature **W. H. Clark** (M. D. or other)
Address **Joplin Mo** Date signed **10-8-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

43-9-879

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself.

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No.

4304

P. O. Address

Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.